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| **Applicant’s name:**       |
| **Address for service:**       |
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| **Patient’s name:**       |
| **Address:**       |
| **Usual occupation:**       |
| **Name and address of carer:**       |
| **Name and work address of treating psychiatrist:**       |

**Please read *Practice Note 6* that the Tribunal has issued before completing this application (available on the Tribunal’s website).**

**A. INFORMATION CONCERNING THE PERSON UPON WHOM IT IS PROPOSED TO PERFORM NEUROSURGERY**

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| **1. Are you of the opinion that the person has the capacity to give informed consent to the proposed neurosurgery in accordance with section 68 of the *Mental Health Act 2014*? (State reasons)** |
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| **2. Are you of the opinion that the person on whom the neurosurgery is proposed to be performed has given informed consent in accordance with section 69 of the *Mental Health Act 2014* to the performance on him or her of that neurosurgery? Please outline the process that has been followed and the information provided to obtain the patient’s informed consent. (Attach informed consent in writing)** |
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##### B. INFORMATION CONCERNING THE PROPOSED NEUROSURGERY

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| **3. Who will perform the neurosurgery and where will it be performed?** |
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| **4. Who will be the members of the patient’s treating team leading up to and following surgery?** |
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| **5. What is the exact nature of the neurosurgery proposed to be performed?** |
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| **6. Is the patient’s treatment part of a research program? If so, please provide details.** |
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**C. INFORMATION CONCERNING THE BENEFIT OF NEUROSURGERY**

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| **7. What assessments have been undertaken in order to reach the decision to apply to perform neurosurgery? (Attach all relevant reports and results of investigations from treating psychiatrists and other persons, and include a full psychiatric history and recent investigations. Refer to *Practice Note 6.*)** |
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| **8. What previous treatments have been tried to alleviate the condition for which it is proposed to perform the neurosurgery? (Attach all treating details and responses, indicating where these treatments were performed and when. Refer to *Practice Note 6.*)** |
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| **9. Are there any further beneficial alternative treatments reasonably available? What are the person’s views and preferences about those treatments?** |
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| **10. Is the neurosurgery for mental illness likely to remedy the mental illness or alleviate the symptoms and reduce the ill effects of mental illness? (Attach any relevant medical reports to show that the proposed treatment has clinical merit)** |
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| **11. What is the likely consequence for the person if neurosurgery for mental illness is not performed?** |
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| **12. What is the nature and degree of any discomfort, risks and common or expected side effects associated with the proposed surgery for neurosurgery for mental illness? What are the person’s views and preferences about these?** |
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Please attach all reports (please prepare an index for voluminous applications) and completed *Consent to performance of neurosurgery for mental illness* and send to:

Legal Officer

Mental Health Tribunal

Level 30, 570 Bourke Street

Melbourne VIC 3000

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| **Signature:** |
| **Name:**       | **Date:**       |

*Last updated: July 2014*

Consent to performance of

neurosurgery for mental illness

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| **Name:**       |
| **Address:**       |

The *Mental Health Act 2014* (“the Act”) requires you to give informed consent in writing before undergoing neurosurgery for mental illness.

In order to give informed consent, you must have *capacity* to give informed consent to the neurosurgery for mental illness. The Act defines *capacity to give informed consent* as follows:

*A person has the capacity to give informed consent under the Act if the person –*

*(a) understands the information he or she is given that is relevant to the decision; and*

*(b) is able to remember the information that is relevant to the decision; and*

*(c) is able to use or weigh information that is relevant to the decision; and*

*(d) is able to communicate the decision he or she makes by speech, gestures or any other means.*

Your doctor, who is applying to the Tribunal for consent to perform neurosurgery, will assess whether you have the capacity to give informed consent. The Tribunal will also confirm your capacity at the hearing.

This form provides evidence to the Tribunal that you have given informed consent to the performance of neurosurgery for mental illness.

In order to be sure you have given informed consent, the Tribunal needs to make sure you have been given adequate information about the treatment in order to make an informed decision. An adequate explanation involves an explanation of:

* the purpose of the treatment; and
* the type, method and likely duration of the treatment; and
* the advantages and disadvantages of the treatment, including information about the associated discomfort, risks and common or expected side effects of the treatment; and
* any beneficial alternative treatments that are reasonably available, including any information about the advantages and disadvantages of these alternatives; and
* answers to any relevant questions you have asked; and
* any other relevant information that is likely to influence your decision; and
* a statement of your rights.

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| **1. Based on the above, do you believe you have been given adequate information to enable you to make an informed decision?** |
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| **2. Have you been given a printed statement of rights under section 12 of the Act and have you received an oral explanation of the statement of rights?** |
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| **3. Your doctor has informed you that neurosurgery is considered to be a suitable treatment. What do you understand the nature of that neurosurgery to be? (In your own words, explain the procedure)** |
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| **4. What do you understand to be the benefits, discomforts and risks associated with the proposed neurosurgery to be?** |
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By signing below, you give informed consent to the performance of neurosurgery.

You are free to refuse or to withdraw consent and to have the proposed neurosurgery discontinued at any time.

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| **Signature:** |
| **Name:**       | **Date:**       |

*Last updated: July 2014*